

## Catawba County Government

**Public Health**  
**156.60 FTEs**  
**\$12,296,935**

Administration  
11.60 FTEs  
\$1,171,102

Home Health  
24.80 FTEs  
\$2,380,333

Environmental Health  
14.00 FTEs  
\$974,471

Maternal Health  
12.50 FTEs  
\$1,685,510

Maternity Care Coordination  
4.75 FTEs  
\$275,387

Child Health  
23.75 FTEs  
\$1,494,562

Child Service Coordination  
5.80 FTEs  
\$354,226

Health and Wellness Trust  
1.00 FTEs  
\$99,653

School Health Assistants  
2.50 FTEs  
\$88,296

School Nurse Initiative  
8.00 FTEs  
\$489,760

School Nurse  
9.00 FTEs  
\$541,983

Dental Health  
5.40 FTEs  
\$434,788

Adult Health  
5.60 FTEs  
\$609,654

Bioterrorism  
1.00 FTEs  
\$72,373

Nurses/Family Planning  
13.00 FTEs  
\$969,472

Women, Infants, & Children (WIC)  
13.50 FTEs  
\$617,315

NAP - SACC Smart Start  
\$38,050

# Public Health

Public Health					Summary
	2006/07 Actual	2007/08 Current	2008/09 Requested	2008/09 Approved	Percent Change
Revenues					
Federal	\$83,222	\$57,527	\$72,405	\$72,405	26%
State	1,155,027	1,110,061	1,370,513	1,370,513	23%
Federal & State	535,634	532,917	604,926	604,926	14%
Local	372,058	552,746	961,185	961,185	74%
Charges & Fees	6,205,867	6,698,682	7,059,285	7,058,285	5%
Miscellaneous	536,393	447,080	89,390	89,390	-80%
Special Contingency	0	200,000	275,000	275,000	38%
General Fund	1,814,908	1,762,778	1,864,071	1,865,071	6%
Total	\$10,693,699	\$11,361,791	\$12,296,775	\$12,296,775	8%
Expenses					
Personal Services	\$7,361,617	\$7,848,429	\$8,410,331	\$8,410,331	7%
Supplies & Operations	\$3,315,582	\$3,313,362	\$3,611,604	\$3,611,604	9%
Capital	16,500	0	0	0	0%
Special Contingency	0	200,000	275,000	275,000	38%
Total	\$10,693,699	\$11,361,791	\$12,296,935	\$12,296,935	8%
Expenses by Division					
Administration	\$766,515	\$1,021,346	\$1,171,102	\$1,171,102	15%
Home Health	2,219,530	2,224,119	2,380,333	2,380,333	7%
Environmental Health	853,239	900,385	974,471	974,471	8%
Maternal Health	1,769,967	1,846,363	1,960,897	1,960,897	6%
Child Health	1,204,167	1,252,613	1,277,948	1,277,948	2%
Adolescent Health	168,549	214,181	216,614	216,614	1%
Child Service Coordination	256,659	274,816	354,226	354,226	29%
Health & Wellness Trust	33,750	71,338	99,653	99,653	40%
School Health Assistants	80,840	83,147	88,296	88,296	6%
School Nurse Fund Initiative	96,894	112,186	177,976	177,976	59%
Child Service Coordination - Burke	15,411	0	0	0	0%
School Nurse Initiative	706,913	755,585	853,767	853,767	13%
Dental Health	458,828	489,228	434,788	434,788	-11%
Adult Health	518,121	552,739	609,654	609,654	10%
Bioterrorism	75,905	79,851	72,373	72,373	-9%
NAP-SACC Smart Start	0	0	38,050	38,050	0%
Nurse/Family Planning	928,573	938,828	969,472	969,472	3%
WIC	539,838	545,066	617,315	617,315	13%
Total	\$10,693,699	\$11,361,791	\$12,296,935	\$12,296,935	8%
Employees					
Permanent	154.00	150.60	156.60	156.60	4%
Hourly	6.00	9.37	7.27	7.27	-22%
Total	160.00	159.97	163.87	163.87	2%

## Budget Highlights

Public Health's budget reflects an 8% increase over the 2007/08 adopted budget. This is primarily due to the increase of four (4) positions during the year in Fiscal Year 2007/08 - 2 State supported school nurse positions and two (2) WIC positions funded with Federal funds. The Fiscal Year 2008/09 budget includes three (3) new positions, equaling 2 FTEs – one (1) Child Service Coordination Nurse that is State funded, a .4 FTE Health Educator funded by a tobacco grant to work with schools, and a .6 FTE1 Health Educator/Public Relations Coordinator position funded with State and local funds. The Health Educator/Public Relations Coordinator will serve as a PIO to promote programs of Public Health so citizens are informed about services provided and to develop a greater understanding of health topics and problems in the County. They will work for the whole agency to promote wellness programs such as Eat Smart – Move More. The County share dollars in Public Health show a 6% increase which covers increases in salaries, a 3% operating increase and the increase in our OB/GYN contract with Catawba Valley Medical Center (CVMC) from \$700,000 to \$747,500 annually. There has not been an increase in this contract since 2004. County dollars will fund \$25,000 of this increase with the balance funded by increased Medicaid revenues.

The **Administration** budget includes \$25,000 for accreditation. Public Health is slated to go through statewide accreditation in October 2008. This will be valid for four years and will ensure that our Public Health agency meets all the standards required by North Carolina General Statutes for the provision of services.

The **Home Health** cost center increased by \$148,765 based on higher caseloads and cost increases. These expenses are offset by third party revenue collections. Home Health has an excellent rate in the mid 90s for collections.

**Environmental Health** costs have increased due to changes in State mandates for water sampling. Water test kit costs have increased as well as travel and shipping costs as a result of new rules about getting all nitrate and water samples to the State lab within 30 hours of sampling. The current fee is \$58 and the proposed fee will go to \$85. The State will be charging \$58 for the water sample kit which must be kept at a constant temperature of 42 degrees. Environmental Health will now be required to either Fed Ex the sample to the State Lab in Raleigh or carry the sample to the State Courier in Statesville by 4:00 each day. The new rate is in line with other area counties. The State is looking at regional labs to help solve the transportation problem.

**Child Service Coordination** has an increase of \$78,654 due to the addition of a bilingual nurse position and the transfer to this cost center from Maternal Health .50 FTE of a translator position. These positions will handle newborn child visits and will be paid from Medicaid revenue.

**School Nurse Initiative** has an increase of \$64,754 due to the addition of a school nurse position added in Fiscal Year 2007/08 paid by the State. A State grant covers the majority of costs with Hickory City Schools paying the balance.

**Dental Health** has a decrease of \$56,000 due to lower contract dentist costs because of the availability of dentists in the community. There is an offsetting reduction in Medicaid revenue that will be generated since this will be claimed by the dentists providing the services.

**Bioterrorism** reflects State funds added during Fiscal Year 2007/08 to cover expenses and they anticipate the same level of funding for Fiscal Year 2008/09 so County funds will not be budgeted to supplement this cost.

## **Performance Measurement**

### ***Fiscal Year 2008/09***

There are 25 outcomes established for Fiscal Year 2008/009 which includes measures to gauge the quality of public health program and services. Surveys of both internal and external customers are included as well as periodical reviews of procedures to insure we are in compliance with all local, Federal, and State laws and regulations. Efforts will be increased to improve community awareness of Public Health's mission and services and the impact of disease prevention and health promotion. Environmental Health outcomes ensure that a minimum of 90% of environmental health complaints received in the department are investigated within 48 hours of receipt. Child Health outcomes ensure that children will receive physical exams in the Public Health Clinic and be appropriately immunized by 24 months of age. Outcomes for the School Health program strive to identify and resolve health issues that affect the ability of students to achieve academic success through health screening and follow-up.

### ***Fiscal Year 2007/08***

At mid-year Public Health was on track to achieve 23 of the 25 established outcomes. The two outcomes not meeting the target at mid-year include a Community and Adult Health outcome for 80% of patients scheduled in the clinic to keep appointments and a Prenatal outcome for 80% of patients in the care of Public Health to receive prenatal care within the first trimester of pregnancy. In Community and Adult Health the mid-year report shows that 73% of patients have kept their clinic appointments and in Prenatal 56% instead of 60% began prenatal care in the first trimester.

### ***Fiscal Year 2006/07***

Public Health achieved 113 of their 119 outcomes, or 95%, for Fiscal Year 2006/07. Environmental Health completed 99.6% of the required food service facility inspections, surpassing their goal of 95% and presented six food service educational programs to over 169 employees. In the area of Prenatal care the goal was met to reduce the percentage of low birth weight babies born in Catawba County to below the State percentage. A survey of Prenatal Clinic patients resulted in an overall satisfaction rating of services of 4.7 on a scale of 1-5, surpassing a goal of 4. In Child Health 274 children received comprehensive physical exams in the Child Health Clinic, surpassing the goal of 225. 100% of day care center requests for assistance in developing appropriate accommodations of children with health problems were met.



## **ADMINISTRATION**

### **Statement of Purpose**

To manage and administer quality, cost effective, and customer driven public health programs, and services to Catawba County residents.

### **Outcomes**

1. Catawba County residents will receive high quality public health programs and services.
  - a. Catawba County Public Health (CCPH) will maintain compliance with all local, Federal, and State laws and regulations.
  - b. All program areas will have a quality assurance (QA) program and maintain an achievement rating above minimum standard.
  - c. CCPH will become an accredited health department via the North Carolina Department of Public Health (NCDPH) by December 2008.
  - d. CCPH will utilize Best Practices methods to deliver public health programs and services.
  - e. CCPH will be fiscally responsible by maximizing revenues, efficiently utilizing resources, and negotiating favorable contracts.

Measurement Tools: Documented and periodical review of procedures related to HIPAA, LEP, confidentiality, finance, program eligibility, fees, etc.; QA procedures and evidence of achievement ratings above minimum standards per individual program; evidence of State Accreditation by December 2008; Summary of Best Practices utilized; and Finance reports.

2. CCPH programs, services, and staff will meet the expectations of its internal and external customers.
  - a. Annual surveys will maintain an average score of 4.
  - b. Less than a score of 4 will result in an action plan to improve service exceptions.

Measurement Tools: Annual survey results summary, action plan, and implementation of action plan.

3. Increase community awareness of CCPH vision, mission, and services and improve individual and community knowledge of the importance and impact of disease prevention and health promotion.
  - a. A marketing plan will include, at a minimum, 2 monthly education and marketing strategies (such as PSA, presentations, etc.)
  - b. CCPH Report Card will be developed annually with community distribution.
  - c. Health care providers will be kept informed of merging public health issues via communication network.

- d. A community health assessment (CHA) will be conducted every 4 years and results distributed to the community (2007, 2011, 2015, etc).
- e. CCPH Annual Report will be completed and distributed each year.

Measurement Tools: Documentation and evidence of: educational and marketing strategies and number of people impacted, distribution of report card to partners and community, communication with health care providers, CHA assessment and documented distribution of assessment to partners and community, distribution of annual report to partners and community.

## **HOME HEALTH OUTCOMES**

### **Statement of Purpose**

Catawba County Home Health Agency (HHA) is a community based non-profit agency serving residents in Catawba and surrounding counties. HHA provides skilled nursing, physical therapy, speech therapy, and occupation therapy as well as home health aide and medical social work services to residents in their home.

### **Outcomes**

1. HHA clients in the Catawba Valley area will have access to and receive quality home health care regardless of their socio-economic status.
  - a. Outcome measures will consistently rank above the State average by using improvement performance factors, Home Health Quality Initiatives (HHQI), and Home Health Compare Outcome Measures (HHCOC) Reports from Medicare website.
  - b. Referrals will increase by 5% annually.
  - c. HHA will serve a significant portion of market share in Catawba County.

Measurement Tools: Review HHQI and HHCOC reports bi-annually, compare year-to-year referral totals, and track and compare number of indigent patients served by HHA, payer mix patients annually, and total population in Catawba County served by HHA, based on State Market Share Report annually.



## **ENVIRONMENTAL HEALTH**

### **Statement of Purpose**

To provide education and enforcement of State and Local regulations regarding food sanitation, subsurface sewage disposal, and other environmental concerns to individuals and businesses in Catawba County.

### **Outcomes**

1. Patrons of Catawba County food services facilities will eat high quality, safe, and wholesome meals.
  - a. Inspect a minimum of 95% of all food service establishments.
  - b. Provide a minimum of four (4) food service education and training workshops in proper food handling and sanitation.

Measurement Tools: Inspection rate and educational log.

2. Technical assistance, consultation, and remediation through enforcement of Environmental Health statutes and laws will be used to resolve problems identified through Environmental Health complaints registered with our department.
  - a. Start investigation process on 90% of all Environmental Health complaints registered with our department within 48 hours after receiving the complaint.

Measurement Tool: Documentation of complaints received, investigation, and resolution.

## **PRENATAL**

### **Statement of Purpose**

To provide comprehensive prenatal care and delivery services that will promote positive pregnancy outcomes utilizing a multi-disciplinary team (nurses, nurse practitioners, certified nurse midwives, OB/GYN physicians, Maternity Care Coordination (MCC) social workers, health educators, and nutritionists).

1. Ensure access to prenatal care for women with lower income through a multidisciplinary team in order to promote healthy pregnancies and healthy babies.
  - a. 60% of patients who receive care from Catawba County Public Health (CCPH) will enter into prenatal care within the first trimester to improve pregnancy outcomes by early identification of substance abuse, high-risk conditions, psychosocial, and economic needs.
  - b. The number of low birth weight babies (low birth weight is less than 2,500 grams or 5lbs. 8oz.) born to CCPH patients will be at or below the State average for Health Department patients.
  - c. The infant mortality rate for Catawba County will be less than or equal to the North Carolina State infant mortality rate.
  - d. 80% of Public Health prenatal patients on Medicaid that have identified risk factors will receive case management services through the Maternity Care Coordination Program.

Measurement Tools: HSIS State Reporting System, quarterly record audits, North Carolina Center for State Health Statistics, Annual County Report Card, Prenatal Intake Log, and CMHC System Report.

## **CHILD HEALTH**

### **Statement of Purpose**

The Child Health Clinic at Catawba County Public Health (CCPH) exists to provide periodic wellness screenings for all children age 2 weeks to 18 years. Well child screenings promote physical, social, and emotional growth of children through early detection and referral of health problems, prevention of illness, and anticipatory guidance.

### **Outcomes**

1. Ensure positive health outcomes for children in Catawba County through the provision of comprehensive well child physical examination and wrap around services that will provide every opportunity for children to receive preventive health services so that they may reach an optimal health status.
  - a. 225 children will receive comprehensive physical exams in CCPH Child Health Clinic.
  - b. 75% of children receiving health care services at CCPH will be age appropriately immunized by 24 months of age. Age appropriate immunizations are defined as documentation of 4 DTP, 3 Polio, 1 MMR, 3 HIB, 1 Varicella, and 3 Hepatitis B shots by 24 months.
  - c. 90% of child health and adolescent health clinics upcoming appointment lists will be reviewed weekly by a Health Check Coordinator for: Medicaid status, last health screening date and name of primary care provider in order to facilitate proper follow-up with other medical providers and to ensure proper coding to maximize billing and eligibility efficiencies.

Measurement Tools: Monthly Activity Report, Health Check Monthly Activity Report, and State Annual Age Appropriate Immunization Rate Assessment.

### **Early Childhood Support Team**

#### **Statement of Purpose**

The Early Childhood Support Team (ECST) nurse provides health promotion/health prevention to identified ECST Child Care Centers, the children enrolled, and their families as a member of a multi-agency, multi-disciplinary team, including: health education for children, center staff, and families; health consultation and staff development; dental screenings; assistance to families in locating and obtaining health resources; identification and development of an individualized health plan for children with chronic illnesses.

## **Outcomes**

2. Through a partnership between the Catawba County Partnership for Children, Family N.E.T., Catawba County child care centers, and CCPH, child care centers will implement best practice standards to ensure safe and healthy child care environments.
  - a. 75% of all childcare centers will achieve 100% compliance when audited by Early Childhood Support Team (ECST) nursing staff during Immunization Audit Week.
  - b. 90% of child care centers working toward earning the Catawba County Child Care Health and Safety Credential will demonstrate improved health practices in hand washing and infectious disease control, as well as increase in the number of health focused contact training hours for staff.
  - c. 90% of centers that hold the Catawba County Child Care Health and Safety Credential will have successfully implemented an Emergency Preparedness Policy.

Measurement Tools: Monthly Activity Report and Immunization Audit Report.

## **School Health**

### **Statement of Purpose**

The School Health Program provides school site, direct health services, health education, consultation for faculty and staff, and health promotion/prevention for staff and student to promote maximum physical, social, emotional, and educational growth of children.

## **Outcomes**

3. Through a partnership between Catawba Valley Medical Center, Catawba County school districts, and CCPH and by intensifying school health support services, through the reduction of the school nurse to student ratio, expansion of school health nurse program components, and applying unique interventions to identified health conditions/issues, student academic achievement will improve by June 30, 2009.
  - a. 50% of students identified at risk for not achieving success on End of Grade (EOG) scores and who receive school nurse intervention will score at or above grade level on EOG scores by June 30, 2009.
  - b. 50% of pregnant teens and teen moms will attend school more often and will remain in school or receive GED by June 30, 2009.

Measurement Tools: School Health Activity Report, Student EOG Scores, and School Attendance Report.

4. Parents and students will recognize routine, consistent health and dental care as important to achieving overall health and well being by identifying with and utilizing a

primary medical and dental provider and by decreasing the use of the Emergency Department (ED) for non-emergent visits by June 30, 2009.

- a. Reduce utilization of the ED for illnesses such as sore throat, earache, and nausea/vomiting/diarrhea by 8% by June 30, 2009.
- b. 60% of students who were previously without a medical home have visited their doctor annually for preventive or acute healthcare by June 30, 2009.
- c. 60% of students who were previously without a dental home have visited their dentist annually for preventive or acute dental needs by June 30, 2009.

Measurement Tools: School Health Activity Report and Hospital Report.

5. Eliminate chronic health conditions as a barrier to achieving school success by competently and consistently managing these conditions at school through cooperation between the school staff, physician, parents, student, and school nurse by June 30, 2009.

- a. 100% of all children with identified chronic health problems will have an Individualized Health Plan (IHP) developed so the school staff can appropriately manage the child's medical condition safely at school by June 30, 2009.
- b. Reduce absenteeism of students identified with chronic asthma and diabetes by 20% when absence is associated with diagnosis by June 30, 2009.  
(All identified students with asthma and diabetes have an IHP for disease management as well as a School Attendance Plan (SAP).

Measurement Tools: School Health Activity Report and School Attendance Report.

6. Identify and resolve health issues that affect the ability of students to attain optimal health status and achieve school success by ensuring age appropriate health screening, follow-up, and development of school district health policies by June 30, 2009.

- a. 75% of all 5<sup>th</sup> graders will be screened for height, weight, and Body Mass Index (BMI) with 100% of students, whose BMI exceeds normal medical standards\*, referred for evaluation by June 30, 2009. (\*BMI scores > the 85<sup>th</sup> percentile and < the 5<sup>th</sup> percentile)
- b. 90% of students identified for vision problems will receive appropriate vision care June 30, 2009.
- c. 98% of elementary students will be in compliance with State immunization requirements June 30, 2009.

Measurement Tools: Immunization Record review, School Health Activity Report, documentation in the School Health Log Book, and documentation on Student Health Card.

## **ADOLESCENT HEALTH**

### **Statement of Purpose**

The adolescent health program provides adolescents and their families competent, developmentally relevant, preventive and acute health services.

### **Outcomes**

1. Through a partnership with Catawba Pediatrics Associates and Catawba County Public Health (CCPH), adolescents will receive comprehensive health services for early identification and treatment of health problems and health promotion/education.
  - a. 90% of patients receiving comprehensive physical exams will receive age appropriate screening, health guidance, problem identification, lab testing, treatment, medication, and/or follow-up/referral. (School-linked site)
  - b. 80% of patients are age appropriately immunized per Advisory on Immunization Practices (ACIP) guidelines at the time of receiving a complete physical exam. (School-linked site)
  - c. Enrolled students with Body Mass Index (BMI)  $\geq 95^{\text{th}}$  percentile will have documentation of a plan of treatment in their medical record and documentation that the patient participated in  $\geq 2$  counseling sessions.

Measurement Tools: Quarterly Medical Report Audit, quarterly record audits for immunization status, documentation of plan of treatment and counseling sessions, and Monthly Clinical Report.

## **CHILD SERVICE COORDINATION**

### **Statement of Purpose**

Child Service Coordination (CSC) is a case management program for high-risk children, birth to three years old that provides comprehensive assessments, screening, health/parenting/safety/education, and health referrals and follow-up. The overall goal of this program is early identification of medical and developmental problems so that the appropriate referrals and early interventions can be initiated and that these children can attain their optimal level of development. The CSC nurses also perform the Postpartum/Newborn Home Visit Assessment to new mothers and infants that are patients of the Catawba County Public Health (CCPH) Prenatal Clinic.

### **Outcomes**

1. Children and families will be prepared for future success and reach their optimal level of achievement by ensuring families are linked to and access community resources to meet their health and social needs.
  - a. 100% of all children enrolled in the CSC program will receive comprehensive case management services.
  - b. 90% of all CSC enrolled children that are identified, as out of compliance with the State immunization schedule will be up-to-date within 3 months.
  - c. 25% of all mothers and babies receiving a postpartum/newborn home visit will be referred to the CSC program for follow-up.

Measurement Tools: Monthly activity report and quarterly audit recorded on monthly Activity Sheet.

## **DENTAL**

### **Statement of Purpose**

To improve the overall dental health of Catawba County children and increase the community's "dental IQ."

### **Outcomes**

1. Income eligible Catawba County children will have access to comprehensive, preventive, and treatment dental services through Catawba County Public Health (CCPH) Dental Practice.
  - a. 10,000 services will be performed by Dental Practice staff for preventive, diagnostic, and operative care to help maintain a better health status.
  - b. Improve the dental I.Q. of 3,000 children and their parents through a comprehensive Dental Education Program provided by the Dental Educator.
  - c. 2,000 children will receive preventive treatment modality sealants by Dental Practice staff to reduce the incidence of cavities in permanent teeth.

Measurement Tools: Computer report documenting dental services, pre-test and post-test, and number of patients and/or teeth on which sealants are placed.



## **COMMUNITY AND ADULT HEALTH (INCLUDING WOMEN'S PREVENTIVE HEALTH)**

### **Statement of Purpose**

Adult Health Programs exist at Catawba County Public Health (CCPH) to provide patients with screening exams for early detection of breast, cervical and communicable diseases, provide methods and strategies for the prevention of unplanned pregnancy and diseases, and focus on the promotion of health and wellness through education on healthier lifestyle choices

### **Outcomes**

1. Income eligible patients will have access to and receive services that empower them with the knowledge to make informed decisions related to the prevention of pregnancy and the prevention and/or treatment of disease.
  - a. 80% of patients scheduled in the Adult Health Clinic will follow through with keeping their appointment.
  - b. 90% of patients attending the Adult Health Clinic will receive health education on topics such as pre-conception health, smoking cessation, contraception, Sexually Transmitted Disease (STD) prevention, weight reduction, and nutrition.
  - c. All women screened for breast and cervical cancer will be referred for treatment of abnormal findings.
  - d. 75% of patients diagnosed with a sexually transmitted disease will receive treatment. The other 25% who do not receive treatment will either have refused to follow through with treatment or lost to follow-up.

Measurement Tools: Monthly Appointment Data reports, quarterly record audits, and Adult Health Intake Log of abnormal results and referrals.

2. In an effort to improve healthy behaviors for Catawba County citizens, Health Promotion staff will develop a Community Action Plan (CAP) according to North Carolina Health Promotion guidelines and achieve the objectives described in the CAP by June 30, 2008. Areas of focus include physical activity and nutrition.
  - a. By June 30, 2009, 15 child care centers will implement the Be Active Kids physical activity program.
  - b. By June 30, 2009, 5 organizations will adopt an Eat Smart, Move More (ESMM) policy focused on both healthy eating and physical activity.
  - c. By June 30, 2009, 23 elementary school programs will adopt an ESMM Wellness Policy on both improving healthy eating and increasing physical activity.
  - d. By June 30, 2009, 3 middle schools and 6 high schools will adopt an ESMM Wellness Policy on both improving healthy eating and increasing physical activity.

Measurement Tools: Quarterly CAP progress report.

3. 90% of the action plan objectives for Catawba County Health Partners, Inc. (CCHP) will be met to ensure progress toward the long-term goal for each health priority. The three health priorities along with the long-term goals are as follows:
  - a. Access to Healthcare  
CCHP Objective: By 2010, increase the number of primary care visits for people between the ages of 18-64 who are seen at free/reduced fee clinics by 10%. (604 additional primary care visits will occur or 150 visits per year.)
  - b. Childhood Obesity  
CCHP Objective: Decrease the proportion of at-risk and overweight children ages 2-18 in Catawba County by 10% by 2010.
  - c. Substance Abuse  
CCHP Objective: By 2008, Emergency room and inpatient visits recorded as relating to substance abuse will decrease by 5% based on population per capita. (131 less substance abuse visits to the emergency rooms will occur over the next three years.)

Measurement Tools: Routine progress reports.

4. CCPH will increase the access of low-income adults to dental care and physician prescribed pharmaceuticals through a partnership with Greater Hickory Cooperative Christian Ministries (GHCCM).
  - a. 200 dental services will be provided to adults at GHCCM.
  - b. 135 prescription services will be provided at GHCCM to adults referred from CCPH.

Measurement Tools: Summary of invoices.

5. CCPH will prevent the spread of communicable diseases by utilizing early detection, preventive vaccination, and treatment modalities.
  - a. 95% of all persons seeking immunizations for travel to a foreign country will receive the required vaccinations, as established by the Center for Disease Control (CDC) guidelines, within one (1) week of request.
  - b. 95% of all reportable suspected and confirmed cases of communicable disease will be investigated. The other 5% of cases will refuse investigation, move out of County, or be lost to follow-up.
  - c. An investigation will be initiated on 100% of suspected Tuberculosis (TB) cases within 24 hours after the Health Department is notified.

Measurement Tools: Foreign Travel Log, Communicable Disease Log, Tuberculosis Log, and patient chart.

## **BIOTERRORISM PREPAREDNESS AND RESPONSE**

### **Statement of Purpose**

Develop Public Health disease surveillance infrastructure to ensure Catawba County Public Health (CCPH) is prepared to prevent, mitigate, and/or respond to disease outbreaks and biological threats to our community.

### **Outcomes**

1. CCPH is prepared to respond competently to man-made and natural events (disasters and disease outbreaks).
  - a. CCPH staff Epidemiology Team will participate in at least 1 preparedness exercise annually.
  - b. 96% of CCPH staff will complete required preparedness training.
  - c. CCPH staff will have access to workforce development opportunities beyond the required preparedness training.

Measurement Tool: Workforce Development logs

2. CCPH will increase the community's awareness of their role and CCPH's role in disaster preparedness and response.
  - a. Create and distribute public messages to the community (presentations, web pages, news outlets, print, etc).
  - b. Public will participate in drive through flu clinic/mass dispensing exercises.
  - c. Create a common message Public Service Announcement (PSA) in cooperation with Emergency Services Communications Committee.
  - d. Explore the development of local, interactive, web-based surveillance, and information system.

Measurement Tool: Documentation of messages, system, and community participation.

3. CCPH will facilitate key community partners in community planning for biological or public health related threats, preparedness plans, and emergency response related to public health.
  - a. Ensure community input into all preparedness plans by facilitating active multi-hazard/SNS teams and subcommittees.
  - b. All State required public health preparedness plans completed on or before deadline.
  - c. Lead the development of Special Medical Needs Sheltering seamless plan and strategies.

Measurement Tools: Specific goals and objectives developed and met per time line, existence of approved preparedness plans within required timeframe, special needs shelter plan, which includes cooperation with Emergency Services and Department of Social Services for seamless services to clients.

## **WOMEN, INFANTS, AND CHILDREN (WIC)**

### **Statement of Purpose**

To provide nutrition education and supplemental foods to eligible women, infants, and children of Catawba County. State data proves that WIC: lowers infant mortality by 25% to 66% among Medicaid beneficiaries who participated in WIC as compared to Medicaid beneficiaries who did not participate in WIC and saves public health dollars in North Carolina (every WIC dollar spent on a pregnant woman saves \$3.13 in Medicaid cost during the first 60 days of an infant's life).

### **Outcomes**

1. To improve pregnancy outcomes, reduce obesity in women and children, and maximize the growth and development of infants and children through improved nutritional status.
  - a. Maintain active participation in the WIC Program, at a minimum of 97% of the base caseload.
  - b. Monitor at least 1/3 of the vendors in Catawba County annually to ensure that nutritious foods/nutritional products are readily available.
  - c. Increase percentage of women enrolled in WIC who initiated breastfeeding.
  - d. Increase percentage of women enrolled in WIC breastfeeding baby at 6 weeks of age.

Measurement Tools: State WIC Report #NA515-1, Vendor Report, State WIC Report #NAA483-4, and agreement addenda.